APPLICATION DATA SHEET

Application Information

Application Type::

Regular

Subject Matter::

Utility

Sequence Submission::

Paper

Computer Readable Form

Yes

(CRF)?::

Number of copies of CRF::

1

Title::

METHODS OF USING 18903 TO TREAT PAIN AND

PAIN-RELATED DISORDERS

Attorney Docket Number::

MNI-199

Request for Early Publication?::

No

Request for Non-Publication?::

No

Total Drawing Sheets::

15

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

THE STATE STATE

Full Capacity

Given Name::

Rosana

Middle Name::

Family Name::

Kapeller-Libermann

City of Residence::

Chestnut Hill

State or Province of

Residence::

MA

Country of Residence::

US

Street of mailing address::

86 Beacon Street

City of mailing address::

Chestnut Hill

State or	Province	of
----------	----------	----

mailing address::

MA

Country of mailing address::

US

Postal or Zip Code of mailing

address::

02467

Applicant Authority Type::

Inventor

Primary Citizenship Country::

SPAIN

Status::

Full Capacity

Given Name::

Inmaculada

Middle Name::

Family Name::

Silos-Santiago

City of Residence::

Cambridge

State or Province of

Residence::

MΑ

Country of Residence::

US

Street of mailing address::

18 Hillard Street

City of mailing address::

Cambridge

mailing address::

MA

Country of mailing address::

US

Postal or Zip Code of mailing

address::

02138

Correspondence Information

Correspondence Customer

Number::

000959

Representative Information

Representative Customer	000959	
Number:		

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Non-Provisional of	60/250,929	11/30/00

Assignee Information

Assignee name:: Millennium Pharmaceuticals, Inc.

Street of mailing address:: 75 Sidney Street

City of mailing address:: Cambridge

State or Province of mailing

A crash card A crash scarb other Beam Beam

Thur that I

address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

Address:: 02139